

STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

P.O. Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300

June \$0, 2004

CERTIFIED MAIL

Duckabush Water Group Attn Dan Dietz PO Box 236 Brinnon WA 98320

Dear Mr. Dietz:

RE: Ground Water Application No. G2-29988

Your application is approved. Enclosed is the Report of Examination (Ecology's Order and Determination) which summarizes our findings and represents our final decision. Please read through this report carefully, as it forms the basis for your permit.

Send permit fee

Your permit will be issued after the required 30-day appeal period, and upon receipt of the \$20.00 permit fee. <u>Please send</u> the following to the Water Resources Program at Ecology's Southwest Regional Office:

- The \$20.00 permit fee; a check or money order made out to the Department of Ecology, and
- The completed Water Right Permit Fee Form (enclosed).
 - o If appropriate, make corrections to your name and address in the space provided.

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Your right to appeal

This Order may be appealed pursuant to RCW Chapter 43.21B. The person, to whom this Order is issued, if he or she wishes to file an appeal, must file the appeal with the Pollution Control Hearings Board within thirty (30) days of receipt of this Order. Send the appeal to: Pollution Control Hearings Board, P.O. Box 40903, Olympia, Washington 98504-0903. At the same time, a copy of the appeal must be sent to: Department of Ecology, Water Resources Appeals Coordinator, P.O. Box 47600, Olympia, Washington 98504-7600. All others receiving notice of this Order, who wish to file an appeal, must file the appeal with the Pollution Control Hearings Board within thirty (30) days of the date the Order was mailed. The appeal must be filed, with both the Pollution Controls Hearing Board and the Department of Ecology, in the same manner as described above.

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7003	Sent To Duckabush Water Group Street, Apt. No.; or PO Box No. G2-29988 City, State, ZIP+4			
	PS Form 3800, June 200	02	See Reverse for Instructions	

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 7270 4	
1. Article Addressed to: DUCKABUSH WATER GROUP ATTN DAN DIETZ PO BOX 236 BRINNON WA 98320	D. Is delivery address different from item 1?	
BRINNON WA 98320	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
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PS Form 3811, August 2001 Domestic Retu	rn Receipt 102595-02-M-1540	

If we can provide any further assistance, please contact our office at (360) 407-6300.

Sincerely,

Thomas Loranger

Water Resources Section Manager

Southwest Regional Office

TL:th

Enclosures:

Report of Examination

Water Right Permit Fee Form "Your Right to Be Heard"

ROE, permit fee.doc